

# Foster Family Home - Corrective Action Report

Provider ID: 1-180003

Home Name: Donna Shane Bagay, NA

Review ID: 1-180003-2

94-446 Kahualoa Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/24/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/24/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date